

ASSEMBLIES OF GOD – U.S. MISSIONS DEPUTATIONAL RECEIPT

Date _____

CASH

Work Support (00) \$ _____
Special/Christmas (09) \$ _____
Other \$ _____

TOTAL CASH \$ _____

NON-CASH

Hospitality Provided (E2) \$ _____
Equipment Received (IL) \$ _____

TOTAL NON-CASH \$ _____

TOTAL CONTRIBUTION \$ _____

ORIGINAL COPY - Send with your report to U.S. Missions.

Church _____

Street or P.O. Box _____

City _____

State _____ Zip _____

Name of area or district convention _____

Individual _____

Street or P.O. Box _____

City _____

State _____ Zip _____

Signature of Authorized Representative

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